



# Medicare Access and CHIP Reauthorization Act of 2015 – MIPS and APMS



*Centers for Medicare  
& Medicaid Services*

*September 2015*

# Overview of Effects on Physician Payment

- Passed House 3/26/2015 – Senate 4/14/2015
- Signed into Law 4/16/2015
- Repeals 1997 Sustainable Growth Rate Formula, which linked Medicare annual payment adjustment to GDP growth.
- Physician Fee Schedule (PFS) Updates.
- Adjustments to Medicare PFS Payment:
  - Merit-Based Incentive Payment System (MIPS)
  - Alternate Payment Models (APMs)

# Physician Fee Schedule Updates

- PFS 0.5% update 7/1/15-12/31/15
- PFS 0.5% update CY2016 - CY2019
- PFS 0.0% update CY 2020-2025
- MIPS & APMs will drive payment 2019 onward
- Beginning with CY 2026 - 0.75% APM update
- Beginning with CY 2026 - 0.25% update for other PFS services

# MIPS & APM Incentives

- Separate application of payment adjustments under PQRS, VM, and EHR-MU will sunset Dec. 31, 2018
- January 1, 2019 – MIPS and APM incentive payments begin
- EPs can participate in MIPS or meet requirements to be qualifying APM participant
- MIPS – Can receive positive, negative or zero payment adjustment
- APM Participant – If criteria are met, can receive 5 percent incentive payment for 6 years

# Development of Physician-Focused Payment Models

- CMS will develop guidelines for physician focused APMs (through Request for Information (RFI) and regulation by 11/2016).
  - HHS Assistant Secretary for Planning and Evaluation (ASPE) convenes a Physician-Focused Payment Model Technical Advisory Committee (TAC) – appointed by Comptroller General.
    - 11 members – Maximum 5 members must be clinical providers or suppliers or their representatives.
    - Appointments made by Oct. 2015; 3 year terms; unpaid.
    - \$5 million for support in 2015 and onward.
  - TAC makes recommendations of models to CMS.